

2041

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 172  
Registrar's No. 2096

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location St. Monica Hosp.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 1 day In Community life In Arizona life  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix  
(If outside city limits also write RURAL)  
(d) Street No. Box 43 (e) Citizen of foreign country (Yes or No) no  
3. (a) FULL NAME Linda Louise Kirby (b) If Veteran name war none (c) Social Security No. none

4. Sex Fe 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐  
6. (a) Single, married, widowed or divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive. \_\_\_\_\_ yrs.

7. Birthdate of deceased March 17, 1946  
(Month) (Day) (Year)  
8. AGE: Years 0 Months 8 Days 20 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Phoenix, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation none  
11. Industry or Business \_\_\_\_\_

Father { 12. Name Everett Leroy Kirby  
13. Birthplace Oklahoma  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Ethel Pauline Hodge  
15. Birthplace Oklahoma  
(City, town or county) (State or Country)

16. (a) Informant's own signature Leroy Kirby  
(b) Address Box 43, Avondale, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Greenwood-PHX (c) Date Dec 10 19 46

18. (a) Embalmer's Signature Jes. M. Clemente  
(b) Funeral Director A. I. Moore & Sons  
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) DEC 10 1946  
(Date received Local Registrar)  
(b) Lurt J Hughes  
(Registrar's Signature)

40M-100% Rag-6-45

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) December 7, 19 46  
TIME (Hour and minute) 10:05 A. M.

21. I hereby certify that I attended the deceased from Birth, 19 46 to Dec 7, 19 46  
that I last saw him or her alive on Dec 6, 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Pneumonia Bronchitis  
Exacerbated from Disease

Other conditions \_\_\_\_\_  
(Include pregnancy within three months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 12-7-46